Planning Council Meeting
Thursday, February 12, 2026
Non-Profit Center, 89 South St.
4:00 PM – 6:00 PM

Highlighted in yellow = action items for PCS to follow up on

Summary of Attendance

Members Present
Daniel Amato
Stephen Batchelder
Richard Boyd
Henry Cabrera
Wayne Callahan
Barry Callis
Joey Carlesimo
Alyssa Collaro
Stephen Corbett
KC D'Onfro
Beth Gavin
Robert Giannasca
Regina Grier
Amanda Hart
Tegan Evans
Fabian Ortiz Hernandez
Alison Kirchgasser
Liz Koelnych
Shambi Mwandembo
Ericka Olivera
Maria Petagna
Curtis Santos
Bryan Thomas
Meg Von Lossnitzer
Jeffrey Warach
Kim Wilson
Sarah Dupont
Carla Norris
Jennifer Nganga

Members Excused
Gerry James

Members Absent
Milaun Casimir

Serena Rajabiun
Ezekiel Russell
James Suarez

Guests
Owen Trites

Staff
Clare Killian
Julia Kirsch
Rebecca Ritterman
Shakira Fedna
Melanie Lopez
Tzuria Falkenberry
Taylor Parent
Roxy Dai
Rachel Phillips
Gianna Jirak
Catherine Fine

Topic A: Welcome, Moment of Silence, Group Agreements & Agenda

The Chair opens the meeting, calls the meeting to order, leads a moment of silence, and reminds members of the group agreements. PCS offers an extra reminder to members to not interrupt their fellow Council members OR the presenters – including BPHC staff. PCS says that they have been noticing a lot of interruptions and not a lot of following Robert's Rules/hand raising during meetings and asks members to be mindful of these.

Then, PCS reviews the agenda and timing for the meeting:

Attendance PCS	Learn who is in attendance!
January 15th Minutes Review & Vote Henry Cabrera, PC Chair	Review and vote on the minutes from January 15th's meeting
Agency Updates & Committee Reports	Hear updates from our agency representatives and from the Committee chairs on their work in the last month
CQM Part A Services Demographics Report: Food Bank/Home-Delivered Meals	Understand the demographics of Part A clients who use Food Bank/Home-Delivered Meals services
CQM End of Fiscal Year Presentation	Hear the CQM team's year-end presentation for FY25
Council Directives: FY26 Service Standards Revision & Vote PCS	Learn about SPEC's revisions to the FY26 Service Standards and vote to approve them
Priority Setting Activity Information & Introduction to Resources	Learn more about the Priority Setting Activity and the resources that will be available
Announcements, Evaluation & Adjourn	Share announcements and adjourn the meeting

Henry Cabrera, Chair	

PCS completes attendance and introduces the new Planning Council intern, Gianna Jirak. Gianna is a first year master's student at Boston University pursuing a master's in social work and a Master of Public Health. Gianna is from Northern Virginia and graduated from NYU with a degree in Public Health and Sociology in May 2025. Outside of school, Gianna is a theater fan and likes to crochet and read. The planning council gives her a warm welcome.

Topic B: January 15, 2026 Meeting Minutes Review & Vote

The Chair reminds members of the steps to review and approve meeting minutes. Members vote via show of hands led by the Chair and a poll on Zoom.

Motion to Approve: Bryan Thomas
Second: Fabian Ortiz Hernandez
Result: 1 abstain, the rest approve. Meeting minutes are approved

Topic C: Agency Updates & Committee Reports

Agency Updates

MDPH – Barry Callis

- We are working closely with RWS and members of the PC leadership team to develop our integrated plan. We're currently working on goals and objectives – the needs assessment committee and RWS have been heavily informing how we are moving forward on this.

MassHealth - Alison Kirchgasser

- The Governor's budget proposal was released on January 28th, 2026.
- The budget proposes some cuts to MassHealth that I want to make sure you are all aware of. This is just the very beginning of a long budget process. This is the governor's proposal, but then the House and the State Senate will be taking up their own budgets. Hopefully things will be finalized by July 1st of 2026 – this is for the state fiscal year 2027, which starts July 1st 2026.
    1. The budget proposes that MassHealth would no longer cover GLP-1 just for weight loss. They would continue to be covered for conditions like diabetes, but not just for weight loss. This may have an impact on the EMA's HDAP programs.
    2. The governor's budget also proposes a $1,000 annual cap on dental benefits, with certain exceptions, which may have an impact on the EMAs oral health.
    3. The budget also proposes some reductions in Care Management funding. From my reports, we don't report a lot of care management expenditures for members with HIV/AIDS, so I'm hopeful that this one won't be quite as impactful on the EMA, but I did just want to make sure you all were aware of these three proposals.

For more information on the Governor's budget proposal for MassHealth, please see pages 1-5 of this budget brief: bb10_fy27_health_care_insurance.pdf

NH DHHS - Maria Petagna

- I do not have any updates specifically. We are still going full steam ahead with our IHP work.

BPHC RWS - Melanie Lopez

- Community Engagement and Outreach update: Taylor and Roxy led our last talk-shop series today to talk about medical case management.
- Last week, Zan held a 2025-2026 grant cycle information session. It was very well attended and she has an info sheet from the session that she will share with PC.
- Taylor and Melanie attended a science fair to connect with 7-12 graders, which is different from their typical events, but connecting with youth is something that IDB is very passionate about.
- Tomorrow, Roxy is going to be attending a Mental Health All Black Summit to do more outreach and connect with clients and providers.
- On the 28th, we will be connecting with Council to participate in the BLG Foundation's Know Better, Live Better event.
- We are working on our annual documents for FY26, including the service standards, and conducting interviews to expand our Quality of Care committee, which Tzuria will touch on later.

City of Boston/Mayor's Office - Tegan Evans

- HIV STI Updates
    - Over the past few months, our HIV and STI Division has been bringing together prevention providers, clinical partners, state epidemiology colleagues, and community stakeholders for a series of focused conversations to help shape both our upcoming Prevention RFP and our broader Ending the HIV Epidemic planning. The goal has really been to listen and learn, making sure our priorities and funding decisions reflect what providers and communities are seeing on the ground today, not just what we have historically done. These meetings are helping us spot service gaps, strengthen coordination between prevention and care efforts, and build more equity centered and data informed approaches into our future program design and procurements.
    - We have also held smaller focused discussions with public health and surveillance partners to stay proactive around emerging transmission trends. Those conversations are about making sure we can respond quickly, communicate clearly across agencies, and direct prevention and care resources where they will make the biggest difference.
- Homelessness Census Updates
    - On January 22nd, Mayor Wu, Chief of Housing Sheila Dillon and Commissioner of Public Health Dr. Bisola Ojikutu led more than 300 volunteers, including state and city officials, homelessness service providers, public health representatives, and first responders, in conducting the City of Boston's 46th annual homelessness census. This comprehensive annual effort is part of Boston's yearly work to assess and address homelessness by counting individuals and families experiencing homelessness, living in emergency shelters, transitional housing, domestic violence programs, and unsheltered places. The count of Bostonians plays a crucial role in guiding the allocation of City resources to aid people experiencing homelessness.
    - At this year's census, volunteers canvassed 45 areas, including every city neighborhood, Logan Airport, and Boston's transit and parks systems, starting just before midnight. They conducted surveys, identified those sleeping on the streets, and distributed safety information and items to help individuals stay warm. Survey results will be analyzed, cross-checked with shelter data, and used to inform policies and allocate resources. This effort is required annually by the US Department of Housing and Urban Development (HUD).
- CHIP
    - Boston's Community Health Improvement Plan or CHIP is now live thanks to input from our communities, this citywide roadmap is an essential tool in our efforts to improve health outcomes for Boston residents and advance health equity across neighborhoods. The CHIP identifies shared priorities, and strengthens coordination across sectors,

helping align and accelerate strategies partners are advancing, individually and together, over the next three years to reduce disparities and support Boston residents living longer, healthier lives.

- Live Long and Well Agenda
    - In alignment with the City's live long and well agenda, our city's first population health equity agenda that reflects our commitment to eliminating gaps in health outcomes and creating a city where all residents can live healthy, long lives, BPHC will be releasing a report examining life expectancy among Black residents. We anticipate this report to be published in the upcoming weeks
    - I also wanted to acknowledge that in December we announced work we are doing with the Big Cities Health Coalition and VCU, with funding from RWJF, to create a national network of big cities working to analyze life expectancy data and transform that data into action
- FIFA World Cup
    - Boston, MA will host a number of international events during the summer of 2026, including the FIFA World Cup, Boston Sails, Boston Pride, and Independence Day celebrations. The increase in visitors both nationally and internally has created an increased need for enhanced public health preparedness.
    - BPHC and the city are working with FIFA, the state and other stakeholders to ensure our preparedness and if necessary, response to any number of potential threats. For the IDB this means enhanced preparedness and monitoring of ID threats, including but not limited to Meales, respiratory illness (influenza, Covid-19, RSV), Polio, HPAI, Norovirus, Mpox, Pertussis, TB, Hepatitis A, Hepatitis B, Hepatitis C, Hemorrhagic fever, West Nile, Meningococcal disease, Rotavirus, Legionellosis, Campylobacteriosis, Streptococcus, and Lyme Disease.
- Flu
    - Flu burden continues to decline across Boston: ILI hospitalizations are down 14.3% and confirmed flu cases down 26% since last week. ILI hospitalizations have declined in all age groups to levels similar to those in early December.
    - We are not seeing upticks of flu in any neighborhood: Wastewater levels and rates of confirmed flu infection are not rising in any neighborhood
    - Regionally in Greater Boston (at the Deer Island Treatment Plan), flu B is newly detected in the wastewater, but flu B has not been detected in Boston wastewater
    - In total, 2,137 individuals have been vaccinated at 33 BPHC vaccine clinics this year (1,722 for influenza, and 1,565 for COVID).

Committee Reports

Executive Committee
The Chair reports that Exec continues to maintain regular contact with Planning Council members, particularly following up with members who may be experiencing attendance challenges or who may need additional support. He shares that Exec will review the mid-year survey results during the February Executive Committee meeting, with the intention of bringing a broader discussion to the full Planning Council in March.

The Chair also reports that Exec continues to engage in discussions on policy updates and standard operating procedures. As a result of those discussions, Exec is proposing several minor edits to the Bylaws, which are being shared for Planning Council review in advance of a formal vote in March. The proposed Bylaw edits are as follows:

Section 4.4 Membership Term

- Add: *"Should a member not complete their current term of 24 months and wish to reapply in the next term, their term limits would restart. Should a member not reach their maximum three consecutive terms, but step away for at least a year, their term limits would restart."*

Section 4.6.1 Member Attendance

- Replace warning letter written by the Mayoral Liaison with warning letter written by the Membership Representative(s): "*A member who accrues a total of three (3) unexcused absences from meetings (Planning Council and/or the member's assigned committee) will receive a warning letter for their absences from the Membership Representative(s) of the Planning Council."*

Section 4.6.2 Member Resignation & Removal

- Add: [If a member was removed for a cause] *"The member's term limit would restart, should they reapply and be appointed."*

Allocation of Resources Committee

The ARC chair reports that ARC is currently finalizing the FY27 Funding Principles and plans to present them to the full Planning Council for a vote in April. The Chair also mentions that ARC is preparing the annual Funding Streams Report, which will offer an overview of funding allocations and available resources.

Services, Priorities, and Evaluations Committee

The SPEC Liaison reports that the committee has finalized the FY26 Service Standards, which are scheduled to be voted on during today's Planning Council meeting. The committee chair also shares that the Assessment of Administrative Mechanism (AAM) survey was sent out on Monday, February 9, and that the survey has already received 10 responses!

Needs Assessment Committee

PCS reports that the committee is currently scheduling listening sessions to recruit participants for In-Depth Interviews (IDIs) as part of ongoing needs assessment activities. The committee chair also notes continued participation in the Massachusetts Integrated Planning process and shares that NAC will soon begin data analysis planning to inform future needs assessment work.

Consumer Committee

The Consumer Chair reports that members have been collaborating with Artists for Humanity to film content for the CMTP x PCS Video Series. The final video projects will include: Films focused on anti-stigma messaging and care developed for the Case Management Training Program, Short-form clips addressing HIV stigma, case management, and related topics for the Planning Council's Instagram platform, a video highlighting SYKL messaging, and a Planning Council recruitment video. The committee chair shares that the videos are expected to be completed within the next few months and that a teaser will be presented at the upcoming Summit.

The Consumer Chair also reports that Gianna, the new PCS intern, created and posted a three slide graphic in recognition of National Black HIV/AIDS Awareness Day on February 7th as her first task as an intern with the team. The post is a bold, red color and the border of each slide has white stars around it. On the first slide, it says "Our History Is Power" at the top and below that, there is a sepia-toned photo of a Black person who appears to be adjusting the collar of their shirt and looking down. Below that, it says "Feb. 7th is National Black HIV/AIDS Awareness Day". On the second slide, it says "Since the dawn of the HIV/AIDS crisis, Black communities have been neglected CARE. Black Americans make up only 12% of the population, but 40% of those living with HIV. This is unacceptable, and we are fighting to fix it." On the final slide, it says "To learn more about our work, visit: someoneyouknowandlove.com" and then says "Through stigma reduction, Education, and resource distribution, we are fighting for a healthier future for Black-Americans".

Rick also shares that there has been a 27% increase in Instagram followers since last year - from 201 to 256! Over the last couple of weeks, SYKL Instagram has gotten 2300 views on our posts, 145 interactions, 3 new followers, and has shared 14 different types of content. And that we are excited to have Gianna on board to continue to build out our social media strategy and presence.
Lastly, the consumer chair reminds everyone that the Connecting Community Care and Change: Ending the HIV Epidemic Summit is coming up on Saturday, Feb. 21st! He reminds the council to please continue to spread the word, share the flyer, and share the RSVP link. He also reminds the council that those who are planning on presenting a poster and want it to be printed by PCS, those posters are to be sent to PCS by 5 PM on Friday, February 13th; there will be no exceptions to this.

Topic D: CQM Part A Services Demographics Report: Food Bank/Home-Delivered Meals

RWS presents the agenda items for the CQM Part A Services Demographics Report: Food Bank/Home-Delivered Meals presentation and information as follows:
Agenda:

- Objective
- E2Boston Report Metrics
- FBHDM Demographics
- Questions

Purpose
RWS presents a demographic overview of clients receiving Foodbank–Home Delivered Meals (FBHDM) services. The objective of the presentation is to provide the Planning Council with demographic data on this planned service category in order to provide the Boston EMA Ryan White Planning Council with demographic data about planned service categories so that planning council may:

1. Make data-informed decisions about Ryan White Part A and MAI services,
2. Offer feedback to the CQM team, and
3. Share your insights as co-producers of knowledge.

e2Boston Report Metrics
RWS reviews the data source (e2Boston) and explains that the demographic analysis reflects FBHDM clients. This data shown today is from March 1st to January 31st, 2026.

FBHDM Clients by Age (n=699)
RWS notes that the majority of FBHDM clients are middle-aged and older adults, with over three-quarters aged 45 and above.

- 45–64: 51.8%
- 65+: 25.5%
- 20–44: 22.6%
- Minimal representation among youth (0–19)

FBHDM Clients by Gender Identity (n=699)
Compared to the Boston EMA, 6% more FBHDM clients were cisgender men (70.2% vs 64.2%)

- Men: 70.2%
- Women: 27.8%

FBHDM Clients by Ethnicity (n=699)

- Non-Hispanic/Latino/a: 66.8%
- Hispanic/Latino/a: 31.9%

FBHDM Clients by Race (n=699)
Compared to the Boston EMA, 5.1% more FBHDM clients reported White as their race (48.6% vs. 43.5%).

- White: 48.60%
- Black/African American: 32%
- Unknown/Unreported: 12.6%
- More than one race: 3.6%
- Asian, Native Hawaiian, American Indian, and Unknown/Unreported: between 0.7% - 0.9%

FBHDM Clients by Exposure Category (n=699)

- MSM: 41.1%
- Heterosexual Contact: 34.6%
- Risk factor not reported: 11%
- Additional exposure categories represented smaller proportions

RWS notes that 5.1% more FBHDM clients reported MSM exposure compared to the Boston EMA overall (41.1% vs. 37%).

FBHDM Clients by Housing Status(n=691)
RWS highlights that the majority of FBHDM clients are in permanent housing, though a subset experiences housing instability.

- Permanent housing: 83.4%
- Homeless: 5.4%
- Temporarily with family/friends: 4.9%
- Transitional housing, emergency shelter, and other categories represented in percentages between 0.1 to 3.2%

Quality of Life Outcomes
RWS presents data on food access and affordability and frames this data as part of broader quality-of-life monitoring

- 63.35% report "Almost always" having access
- 18.55% report "Most of the Time"
- 10.41% report "About Half the Time"
- Smaller proportions report food access "Some of the time," or "Almost never"
- A small percentage of responses are missing, and this is a new measure.

SWOT Analysis of QoL Outcomes and Data
RWS facilitates discussion using a SWOT framework focused on QoL outcomes and data utilization

Strengths: What was revealed that we previously did not know about FBHDM clients?
Weaknesses: Where do you see performance areas that could be improved
Opportunities: How would you like to see RWS/CQM utilize this data?
Threats: Are there any foreseeable challenges to answering these questions honestly?

Discussion:

- *I'm surprised that majority of the meals are going to Caucasian people.*
    - Speaking broadly, most of our services reflect the demographics of our EMA, which is majority White MSM.
- *Is there any data that can state as to where the lack of outreach is for POC to apply for meals?*
    - We don't have data for outreach events, since it is out of our jurisdiction. We have been participating in as many outreach events as we can every month. I think our biggest weakness is that we aren't engaging with populations that are in need. I think we need to

work more closely with subrecipients and look for the gaps in their care. Hopefully with our new quality of life outcomes, we can readily identify personal needs.

- *How do you define homelessness?*
    - Clients who are experiencing homelessness is when they don't have stable housing – not in shelter, not in transitional housing.
        - *Do they deliver meals outside?*
            - They do outreach outside so that clients can come into their organization and get a meal, or they bring meals directly to people outside. I'm not 100% familiar with all of their strategies, so I don't want to misspeak.
- *I'd like to see a data point on household composition. How many families are you feeding?*
    - We don't currently require this information to be reported to us, that information is housed within the agencies that conduct food bank.
    - Our data on an FPL level wouldn't tell us how many people are in the home.
- *If food doesn't match cultural experience, I find that clients are uninterested.*
    - I agree, food bank agencies have been trying to make sure they have culturally appropriate, dietary restriction friendly meals.

RWS encourages members to book office hours with the CQM team to further discuss findings and data use. The presentation concludes with appreciation and an invitation for questions.

Topic E: CQM End of Fiscal Year Presentation

RWS presents the agenda items for the CQM End of Fiscal Year Presentation

Agenda:

1. e2Boston Updates
2. CQM Infrastructure
    - QOC Committee
    - HRSA TA
3. Performance Measurement
    - PM Updates
    - Data Displays
4. Quality Improvement
    - Culture Assessment
    - PSS QI Project

E2Boston updates:

RWS presents updates on system changes planned for FY26. RWS reports that a new Country of Birth filter will be added to reports within e2Boston. RWS explains that the filter will allow the team to use Country of Birth data that is already collected in the system. The purpose of this enhancement is to support efforts to reduce disparities and improve the quality of care and services for non-U.S.-born clients.

RWS clarifies that reporting country of birth is not mandatory for clients, and that this data is used for internal quality improvement purposes only. The information is not reported to the federal government, and any external data requests will be reviewed carefully by the RWS team and BPHC General Counsel to ensure client confidentiality is maintained.

RWS also announces the addition of new Oral Health Care (OHC) performance measures. RWS explains that this has been a multi-year effort to design performance measures that accurately reflect the unique service delivery model of the Ryan White Dental Program (RWDP).

The new OHC measures will track:

- The time it takes for new RWDP clients to connect to dental care
- The proportion of RWDP clients who require complex oral health treatment

RWS notes that these measures will strengthen the ability to evaluate performance and improve service delivery within Oral Health Care.

CQM Infrastructure

QOC Committee

- Updates to the Committee Charter are complete!
- Starting in October, the EHE team has presented a brief update at each committee meeting.
- The end-of-year evaluation process is underway, and CQM staff will write an end-of-year report once data collection is complete.
- More intentional recruitment efforts have been moderately successful.
- Our first member orientation will take place later this month.

QI Coaching from CQII

- Our team was paired with a new QI coach in late November.
- Since then, we've been working on building capacity to support annual Service Category QI projects and ensuring the QI side of our CQM program meets HRSA's expectations.

Performance Measurement

Performance Measure Updates:

Measure	Numerator	Denominator	What Changed?
Linkage to Care (7 Days)	Newly diagnosed clients linked to HIV medical care **within 7 days**	All clients who received a diagnosis of HIV during the measurement year	**New measure!** To support Rapid Start efforts
Viral Suppression	Clients with submitted outcomes who had a viral load of <200 copies/mL or undetectable	All clients who used a Part A service & submitted outcomes within the measurement period	**New filter**: ART type (oral, injectable, not on ART)
Gaps in Case Management	Clients whose last reported MCM or NMCM visit was **more than 6 months ago**	All clients who received an MCM or NMCM service during the measurement year	**New measure!** Replaces "Gaps in Medical Visits"
Medical Visit Frequency	Care-engaged clients who had at least one medical visit in <u>each</u> 12-month period of the 24-month measurement period	All clients who had at least one medical visit in the first 12 months of the 24-month measurement period.	**Revised** to look for **annual visits**, rather than visits every 6 months

Using QOL Outcomes Data:

Measure	Numerator	Denominator	Service(s)
Food Access & Affordability	FBHDM clients with submitted QOL outcomes who can access & afford sufficient food "almost never" or "some of the time (25%)"	All FBHDM clients who submitted QOL outcomes during the measurement year.	FBHDM
Housing Affordability	Full distribution of responses ("not at all" to "completely") from Housing clients with submitted QOL outcomes	Housing clients who received a rental assistance (RSU or HP) or housing placement (temp or perm) service & submitted QOL outcomes during the measurement year	Housing
Impact of HIV Stigma	Full distribution of responses ("very severely" to "very mildly") from MCM clients with submitted QOL outcomes	All MCM clients who submitted QOL outcomes during the measurement year	MCM
Satisfaction with RW Services	Full distribution of responses ("not at all" to "completely) from MCM & NMCM clients with submitted QOL outcomes	All MCM or NMCM clients who submitted QOL outcomes during the measurement year.	MCM, NMCM

MCM: Care Adherence, Medication Adherence, Impact of HIV stigma, Satisfaction with RW services
NMCM: Care Adherence, Mental health status, Access to support, Satisfaction with RW services
FBHDM: Care Adherence, Housing safety & stability, Food access & affordability
Housing: Housing status, Housing affordability, Housing safety & stability

Quality Improvement

Quality Improvement Culture Assessment

- Released February 2, 2026, due by March 3, 2026
- We've received 10 responses to date (29%)
- As we did last year, we're using a web form and asking subrecipients to email supporting documents.
- We had a 100% response rate to the FY24 QI Culture Assessment, and we're hoping for similar this year!

PSS Stigma Reduction QI Project

Jul - Aug	Sept	Oct	Nov	Dec - Feb
Analysis of PSS service data from e2Boston Two listening sessions with consumers	Convening of PSS providers Review of research on internalized HIV stigma	Developed session plan based on tested stigma reduction interventions Pilot test of session plan (one group session)	PSS client survey Used pilot feedback to revise session plan Presented session plan & materials to PSS providers	PSS agencies conduct at least one group session using the SR session plan by the end of FY25

Meetings with potential pilot agencies				

PSS QI Project Results

- So far, 6 agencies have conducted the session and submitted their pre- and post-session survey results. The remaining 8 have until the end of February to do so.
- Feedback so far:
- Session has been well received: participants liked the web of string exercise and the strong group participation.
- Participants expressed appreciation for PSS groups as a place where they can be honest about their lives and get support from other people who understand.
- Participants suggested ways to improve PSS groups in general: offering food, bringing in outside presenters

Question & Discussion:
Where you able to look at outcomes for people who use case management compared to those who do not? Is there a difference between those who use medical case management vs social case management?

- This is not something we haven't done yet, but this is something that we can do for a future presentation.

Are we giving them documentation and information to people from other countries to make sure we are confidential with their information?

- Yes, this is under our confidentiality agreement.

You said that the average number of days from 7 days has gone down. Do you have any idea of what it is now?

- The Rapid Start initiative that EHE is working on is working towards getting people connected in 7 days
- Until the 7 days measure is rolled out on e2Boston, we will not know what those numbers look like. Often times it takes time to get someone connected because they're going through a lot, and sometimes someone doing the test isn't well connected to get someone else in care.
- 7-day linkage to care isn't rolled out yet. It'll come within the next few weeks and there will be an announcement to all of the agencies.
- Typically our e2boston updates are given a year in advance. All of us are working together to make sure it runs smoothly.

CQM thanks everyone for their questions and moves on to the next presenters.

Topic F: Council Directives: FY26 Service Standards Revision & Vote

SPEC Liaison, Shakira Fedna introduces the agenda item and informs members that the Planning Council will vote on the FY26 Service Standards, as finalized by SPEC. Shakira explains that she, along with SPEC chair Milaun and SPEC member Wayne, will review SPEC's work with the Council before the vote. She notes that the purpose of the presentation is to briefly review the role and importance of Service Standards and how they are integral to the Planning Council's relationship with the Recipient, the Boston Public Health Commission (BPHC).

Organizational Chart

Shakira provides a refresher on the organizational structure of the Ryan White Part A program. She explains that the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau is the federal agency responsible for administering Ryan White Part A funds to Eligible Metropolitan Areas (EMAs). Funds are awarded to the Chief Elected Official (CEO) of the EMA, which in Boston's case is Mayor Michelle Wu.

Shakira explains that funding then flows to both the Recipient (BPHC) and the Planning Council. She clarifies that the Planning Council is responsible for issuing directives to the Recipient on how best to deliver HIV services within the EMA. From BPHC, funds are distributed to subrecipients, defined as agencies that apply for and receive Ryan White funding through the Request for Proposals (RFP) process. Subrecipients then provide services to people living with HIV.
Shakira emphasizes that the Planning Council's role is to set service category priorities, allocate resources, and provide directives to the Recipient, rather than selecting the specific agencies that provide services. She notes that SPEC and ARC have been reviewing these directives and reminds members that while Service Standards are being reviewed today, Funding Principles will be reviewed in April.

Service Standards Process
Shakira reports that SPEC and RWS have collaborated over the past several months to revise the Service Standards. She explains that this annual review process is one of SPEC's primary responsibilities. SPEC members voted to approve the final revisions at the most recent SPEC meeting, and the standards are now being presented to the full Planning Council for final approval. She notes that once approved, RWS will finalize the changes and distribute the updated Service Standards to subrecipients across the EMA.
SPEC Vice-Chair Ericka and SPEC member Wayne review the revisions.

Discussion:
A member points out a spelling error of "HIPAA" that PCS says they will go back and fix.

How often is this assessment done for psychosocial support?
- All services are reassessed annually, so that is our expectation for psychosocial support.

Motion to approve the FY26 Service Standards

The SPEC Chair calls for a first and second motion to approve the FY26 Service Standards as reviewed and approved by the Services, Priorities, and Evaluations Committee.

Motion to Approve: Joey Carlesimo
Second: Rick Boyd
Result: 1 abstain, the rest approve. Motion is approved.

Members thank SPEC for their hard work and reminisce on the more difficult conversations held last year during this meeting.

Topic G: Priority Setting Activity Information & Introduction to Resources

PCS announces that the next fully in-person Planning Council meeting will take place on March 12 from 4:00–6:00 PM at the Nonprofit Center (89 South Street, Boston, MA). PCS explains that this meeting will include the annual Priority Setting activity, along with training on available resources and how to use them. PCS emphasizes that the March 12 meeting will be fully in-person with no Zoom option. PCS notes that members who are unable to attend must notify PCS in advance and will then have one week following the meeting to complete and submit their Priority Setting ballot independently.

PCS shares that Henry, Kim, and the PCS staff will present additional details about the meeting and the Priority Setting process, which asks members to share their understanding of what Priority Setting is, and several members respond before the Planning Council Chair provides clarification.

The chair explains that the Priority Setting process is the annual process of ranking all 28 Ryan White Part A service categories, regardless of funding status, in order of importance to people living with HIV

in the Boston EMA, along with the funded Minority AIDS Initiative (MAI) service categories. He notes that this was a change implemented last year, as previously, ARC ranked MAI categories separately, but the Council voted to have the full Planning Council also participate in ranking MAI categories.
Henry reiterates that Priority Setting informs the Recipient of which service categories, and in what order, funds should be allocated or reallocated, and highlights that this process helps eliminate health disparities and strengthens the continuum of care.

The slide defines Priority Setting as the process of determining which HIV services are most important according to criteria established within the EMA. It notes that all 28 RWHAP Part A service categories and funded MAI services must be prioritized annually, as required by HRSA.

PCS states that the basis for service priorities are as follows:

- The size & demographics of the population of PLWH and their needs, including those who are not in care (Demographic presentations and Needs Assessments!)
- Our Core Medical Services Waiver, which allows us to allocate 60% to Core Services instead of 75%
- Cost-effectiveness and outcome effectiveness of proposed services/strategies(Spending & Utilization reports!)
- Availability of other governmental & non-governmental resources in the service area (Funding Streams Summary!)
- Priorities of people living with HIV who use the services (Unaligned Consumer Council members and their communities!)
- Coordination of services with programs for HIV prevention & treatment of substance use (Funding Streams – what existing resources are there?)
- Health care system needs; disparities in the availability of services for PLWH with the highest need (Needs Assessments, Funding Streams Summary, etc.!)

PCS passes the presentation to the Chair-Elect to clarify which fiscal year the Council will be setting priorities for.
The Chair-Elect asks members which fiscal year the Planning Council is preparing to set priorities for. Members respond, and a poll is conducted. The Chair-Elect confirms that the Council is setting priorities for Fiscal Year 2027 (FY27). The Chair-Elect explains that the Council is currently in the final weeks of FY25, which ends on February 28. March 1 marks the beginning of FY26, and the priorities established during the previous Council year will take effect at that time. The work currently underway will inform funding decisions for FY27, which begins on March 1, 2027.
The Chair then presents an overview of how the Planning Council will conduct the Priority Setting activity during the March Council meeting. The Chair explains that SPEC will complete the activity in advance and will be available during the March meeting to provide support to members as needed.The Chair shares that a Basecamp folder will be included in next month's meeting materials containing reference resources to support the Priority Setting process. These resources will include:

- Needs Assessment and epidemiological data slides
- Funding Streams overview
- Service utilization overview
- Service Category Cheat Sheet
- Historical Priority Setting results from the last five years
- A thought process guide to Priority Setting
- An Excel tool for Priority Setting

The Chair notes that these materials will also be printed and available in binders during the March meeting. Members are encouraged to draw upon both the provided materials and their personal and professional experiences when completing their ballots.

The Chair-Elect then reviews how the activity will be conducted during the meeting. Members will:

- Review all resources together, including a training on how to use the Excel Priority Setting tool
- Complete their Priority Setting ballots independently for both Part A and MAI service categories
- Have access to SPEC members for support during the activity
- Receive assistance from PCS with process questions only, as PCS cannot provide input on ranking decisions

Members will have two options for submitting their ballots:

1. An online version through SurveyMonkey
2. A printed PDF version to complete by hand

Members are encouraged to bring laptops or tablets if they prefer to utilize online materials during the meeting.
The Chair invites questions from members regarding the upcoming Priority Setting process. Members are reminded to notify PCS as soon as possible if they anticipate attendance conflicts for the March 12 meeting.

- *Will this meeting be open to the public?*
    - All of our PC meetings are open to the public! So yes, but people might be a little bored, because they won't be able to participate in the priority setting process as someone who is not a PC member.

Topic H: Announcements, Evaluation & Adjourn

The Chair reads out announcements and reminds members to take the meeting evaluation. Announcements are as follows:

- See you at the Connecting Community, Care, and Change: Ending the HIV Epidemic Summit on February 21st, from 10 AM – 3 PM at the Boston University Metcalf Trustee Center!
- March's Council meeting is **FULLY IN PERSON**! Please communicate with us if you *absolutely* cannot be there so that we can ensure you can do priority setting.
- Kim reminds everyone to complete the mid-year survey. Clare reminds everyone that the mid-year survey is already closed.

The Chair asks if there are any announcements in the room:

Motion to Adjourn
Motion: Bryan Thomas
Second: Kim Wilson

The meeting was adjourned at 5:52 PM